

NORTH CAROLINA INDUSTRIAL COMMISSION

IC Form MSC9 (rev. 4/11)

I.C. FILE NUMBER: _____

_____, **Plaintiff**

v.

_____, **Defendant-Employer**

_____, **Defendant-Insurer**

**MEDIATED
SETTLEMENT AGREEMENT**

At the mediation of this matter on _____ in _____, North Carolina, a resolution of the issue in dispute in Plaintiff's above captioned Workers' Compensation claim was reached.

The parties agree that:

_____,
_____,
_____,
_____,
_____,
_____,
_____,
_____,
_____.

The _____ will be drafted by _____ in accordance with N.C. Gen. Stat. Sections 97-17, 97-18, 97-82 and NCIC Rule 501.

Entered into this the _____ day of _____, 20____.

Plaintiff

Defendant

Mediator

Plaintiff's Attorney

State Bar No. _____

Defendant's Attorney

State Bar No. _____

Translator

If this MSA is signed by a Translator Plaintiff certifies that the person whose name appears above translated/read this MSA to Plaintiff before Plaintiff signed the MSA. This MSA was translated to/read to Employee in the following language:

_____.
By signing above, Mediator attests that the participants at the MSC signed this MSA in the mediator's presence at the conclusion of the MSC.